Exhibit 32

Was	US
•	(Park Name)

MOBILE HOME INSPECTION FORM

Date of Inspection 1 23 14

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Resident Unit/Lot# 02:1301 PM

Key CL - CLEAN/OK DA - DAMAGED RE - REPLACE
DI - DIRTY MI - MISSING RP - REPAIR

ROOM AREA	CL	DI	DA	IM	RE	RP	COMMENTS
1 Entrance Door/door Lock		 	† 	 	 	· · ·	The last 1 to 1
2 Windows/Locks/Screens/Blinds/Child Guards	1	·	†	 	i — —		· · · · · · · · · · · · · · · · · · ·
3 Walls/ Ceilings	10/		<u> </u>				
4 Floor/Tiles						i	
5 Electric Outlets/Switches/Switch Plates/Safety Plug	N						
6 Light Fixture/Bulb							\$\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\fin}\text{\$\fin}\text{\$\frac{1}\text{\$\fin}\text{\$\fin}\$\fin
7 Heating/Cooling Units					1		
8 Fire Safety Sign/Decal on Stove/Smoke Alarm	101		-				
KITCHEN	1			-			
1 Hood Light fixture/Bulb							
2 Hood Fan/Filter	171						
3 Stove/Oven	10/1			t	T	-	
4 Sink/Faucet	1						
5 Refrigerator/Refrigerator Bulb*				i			
6 Food - Note information in the Comments Section			1			<u> </u>	**
7 Receptacle/Receptacle Cover				i	i		
8 Floor/Tiles	17						
9 Wall/Ceiling	1			1	 i		
10 Electric Outlets/Switches/Switch Plates/Safety Plugs	1-/-	 -					
11 Cabinets/Knobs/Shelves				-+		·	
*If light bulb is higher than 30 watts it must be removed							
and resident must be warned	1 1	l		1	- 1	ľ	
BATHROOM	1 1						
Toilet/Toilet Seat/Toilet Paper Roll							
2 Tub/Shower/Faucet/Shower Head							
3 Sink/Faucet							
4 Medicine Cabinet/Mirror							
5 Towel/Grab Bars/Soap Dish (Shower)	N						
6 Toothbrush Holder/Soap Dish (Sink)	17/1				1	1	
7 Floor/Floor Tiles	17.1			1			
8 Walls/Tiles/Ceiling	12/1					F	
9 Electric Outlets/Switches/Switch Plates/Safety Plugs							
0 Light Fixture/Bulb							-
1 Vent/Exhaust Fan							
2 Door/Door Lock						1	
BEDROOM(S)							
Windows/Screens/Blinds/Child Guards							
Walls/Ceilings	1//		1				
Electric Outlets/Switches/Switch Plates/Safety Plugs	7/	1		;			
Closets/Shelves/Clothes Bar	1	i					
Heating/Cooling Units	7,	· · · · ·	i	<u> </u>	- I	1	
Light Fixture/Bulb		1				}	
Door/Door Lock		i			Ī		
Floor Tiles			***************************************	1			

UNIT INSPECTION FORM

	Key CL - CLEAN/OK DI - DIRTY		DA – DAMAGED MI – MISSING			RI RE	ACE IR		
	HALLWAY(S)	CLA	DI	DA	MI	RE	RP	COMMENT	
Electric Outlets/Switche	s/Switch Plates/Safety Plugs	17	- UI	; UA	****	- SE	i KP	COMMEN	3
2 Light Fixture/Bulb		 							
3 Smoke Detector/Sprinkl	er Head			1					
4 Walls/Ce ling		$ +$ \sim $/$							
5 Floor/Tiles									
6 Telephone - Issued				-				***************************************	
7 Telephone – Personal									
	FURNITURE								
1 Dining Table									
2 Chairs		1//							
3 Coffee Table									
4 Bed Frames/Mattresses		1/	.]	_					
> Dressers									
6 High Chair/Bolsters		/-							
7 Crib(s) 8 Other									
, Ottie:							1		
Housekeeping Comments		ood		Fair	***************************************			or	
	HOME NEGLEC	_				_ 			
umber of Occupant	s and names <u>Genisia</u>	s Jura	010	L 7	•	Ro	50 I	Naya	
-	Herbin							. 0	
IGNATURES PM	Mars Luis	2	.					-	
Reside	may Hall								
Directo	or of Safety								
Directo	or of Social Services								
Directo	or of Facilities Management	t							
	Mario Medina	x - C 0.	S. 5	jher	r	W	es i	n man	as;

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